

DOCUMENT NAME: Auxiliary Patrol Orders**DAFIS DOCUMENT TYPE: 27**

1. **Description:** Auxiliary Patrol Orders are used to order Coast Guard auxiliary personnel to perform patrols. The orders must be issued by authorized ordering authority.
2. **Primary Forms:** CG-5132, Coast Guard Auxiliary Patrol Order.
3. **Related Forms:** None.
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 2700900FAB001

Document Type	FY Funded	Procurement Site	FY Contract Originated	Region	Program Elements	Document Sequence	Suffix
27	00	90	0	F	AB	001	

5. **Accounting Line:** If multiple accounting lines are used, a different suffix is required for each accounting line starting with 000.

SAMPLE ACCOUNTING LINES FOR BOAT:

2/F/001/136/30/0/AB/73500/2637/000	Boat Fuel, Oil and Ice
2/P/001/299/12/0/12/73500/2596/001	Meals
2/F/001/136/30/0/AB/73500/2596/002	Trailing

SAMPLE ACCOUNTING LINES FOR AIRCRAFT:

2/F/001/136/30/0/AB/73500/2632/000	Aircraft Fuel, Oil, and Ice
2/P/001/299/12/0/12/73500/2596/001	Meals
2/F/001/136/30/0/AB/73500/2532/002	Aircraft Maintenance/hr

Note: The cost center will always be 73500 for all five lines.

6. **FINCEN Critical Processing Requirements:** Original CG-5132 with applicable receipts, must be properly forwarded to FINCEN for payment processing. Units must ensure that the following sections are completed:
 - a. Section I (Authorization).
 - (1) Standard DAFIS document number.
 - (2) Name and mailing address of auxiliarist.
 - (3) Social Security Number of auxiliarist.
 - (4) Name and ID number of the facility to be used.
 - (5) Number of crew required.

(6) DAFIS accounting data for authorization items.

(7) Signature of issuing authority and date.

6. b. Section II (Claim for Reimbursement).

(1) Itinerary.

(2) Date, time, and location.

(3) Name and numbers of crew members.

(4) Reimbursable expenses (attach copy of receipt when required). Enter the aircraft type and aircraft flight hours flown on the last line of the REIMBURSABLE EXPENSES block.

(5) Signature and date.

(6) Mail check to

d. Section III (Endorsement by Order Issuing Authority).

(1) Approved/disapproved for payment.

(2) Signature and date.

7. Other Information:

a. Receipts are required for fuel over \$25, and for trailering costs.

b. Auxiliarist claims for loss or damage must be submitted separately. Please refer to Document Type 33, claims, and COMDTINST M5890.9.

c. Auxiliary Patrol Orders are normally assigned priority processing at FINCEN. Therefore, obligations **must** be forwarded or transmitted expediently to avoid DAFIS errors.

8. LUFS Information:

a. Standard generic input is made through the Record Spending Module.

b. Obligation will transmit electronically via LUFS.

Note: LUFS will prompt the user to select the proper object class and description when the object class field is entered in record spending for this document type. The selections are as follows:

Object Class	Description	Suffix Generated
2532	Aircraft maintenance/hr	002
2596	Meals	001
2596	Trailering	002
2632	Aircraft fuel, oil, and ice	000
2637	Boat fuel, oil, and ice	000

This procedure ensures that the proper suffix and object class is assigned in LUFS for each required accounting line. One set of orders will not contain an accounting line for both aircraft fuel and boat fuel, therefore the suffix generated for both of those accounting lines is the same.

- c. If the procedures above are followed, no obligation copy of the Patrol Orders is to be mailed to the Finance Center. Final "ENDORSEMENT BY ORDER ISSUING AUTHORITY" hard copies must still be submitted to the Finance Center because the auxiliarist signed patrol order acts as the "Invoice" and the unit's "Receiving Report". Mail signed patrol orders to: Auxiliary, USCG Finance Center, P. O. Box 4104, Chesapeake, VA 23327-4104.

9. Document Flow:

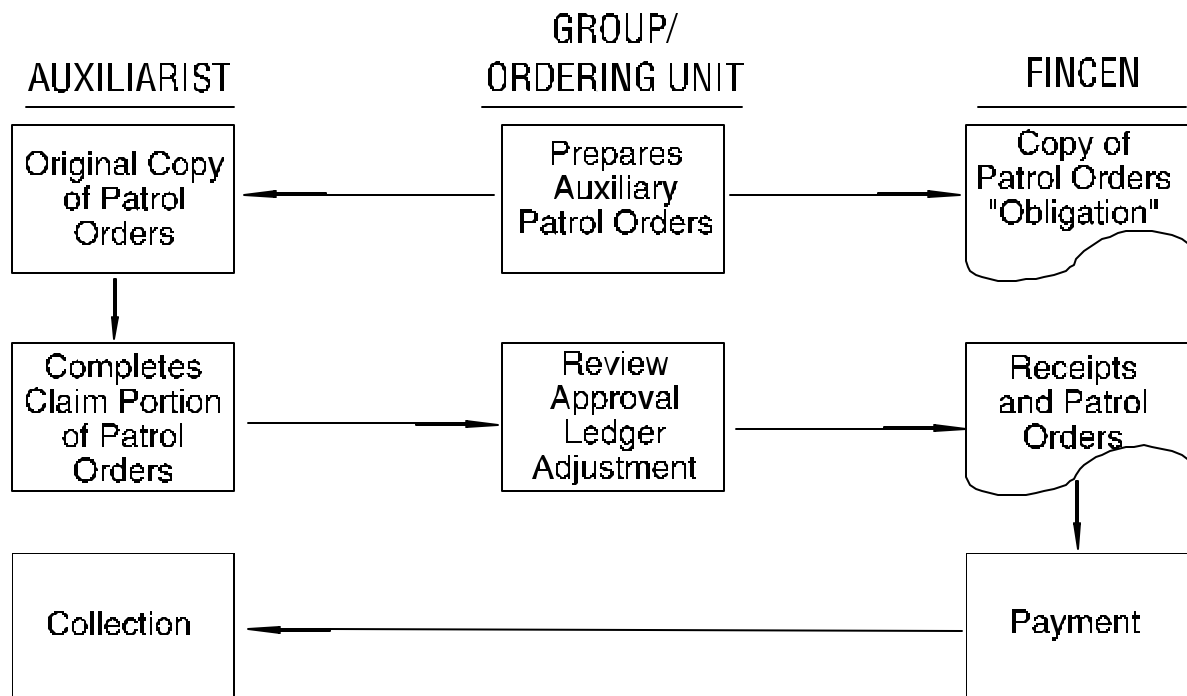


Figure 12D-27 Auxiliary Patrol Orders

- a. Figure 12D-27 describes the procedures for processing the Auxiliary Patrol Orders form.
- b. The ordering activity prepares the Auxiliary Patrol Orders and submits the original to the auxiliarist. Non-LUFS units forward a copy marked "OBLIGATION COPY" to Auxiliary, USCG Finance Center, P. O. Box 4104, Chesapeake, VA 23327-4104. The Social Security Number of the auxiliarist is required on all orders.
- c. When the patrol is completed, the auxiliarist completes the claims portion of the Auxiliary Patrol Order and forwards the original to Group/Ordering Unit with the required receipts for review, approval, and target ledger adjustment.

- d. After approval, the ordering activity forwards the claim and supporting documentation to Auxiliary, USCG Finance Center, P. O. Box 4104, Chesapeake, VA 23327-4104.
- e. The FINCEN makes payment to the auxiliarist or authorized claimant indicated in the "Mail Check To" block of Form CG-5132 (Rev 1-97).

11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
2700900FAB001000	051	00006F106	73500	2637	0.00	50.00	0.00	50.00
2700900FAB001000	102F	00050F225	73500	2637	0.00	50.00-	0.00	50.00
2700900FAB001002	103F	00050F225	73500	2596	0.00	0.00	0.00	20.00

Note: Direct expenditures, DAFIS transaction code 103F, are processed when no obligation has been recorded.

12. References:

- a. COMDTINST M5890.9, Claims and Litigation Manual (Coast Guard).
- b. COMDTINST M16790.1, Auxiliary Manual.

10. Sample Form: See Figure 12D-28.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132 (Rev. 11-90)		COAST GUARD-AUXILIARY-PATROL ORDER <small>(Complete/distribute this form in accordance with the instructions contained on the reverse side) (Privacy Act Statement on reverse)</small>		TYPE 27	FY 94	ORDER NO. 04 F A B 001	SUFFIX 1			
SECTION I—AUTHORIZATION										
FROM: (Order Issuing Authority) COMMANDER, USCG GROUP PORTSMOUTH, VA 23703-2197						DATE ISSUED 10/01/93				
TO: (Name, member and address of Auxiliaryist) J.J. SMITH 123-12-1234 1800 PORTSMOUTH BLVD. PORTSMOUTH, VA 23703				NAME AND ID. NO. OF THE FACILITY TO BE USED COAST GUARD RUN #123456						
REFERENCES: a. Auxiliary Operation Policy Manual, COMDTINST M16 798.3 (Series) b. Auxiliary Air Operations Manual, COMDTINST M16 796.5 (Series) c. Annex O to District OPLAN (J-FY) d. CG Pay Manual, COMDTINST M7220.29				TYPE OF PATROL ORDER <input checked="" type="checkbox"/> Reimbursable <input type="checkbox"/> Non Reimbursable		NUMBER OF CREW REQUIRED				
1. YOU ARE HEREBY AUTHORIZED TO ASSIST THE U.S. COAST GUARD BY PERFORMING THE FOLLOWING SPECIFIC DUTY: 15 NOV 93 SAFETY PATROL										
2. IN PERFORMING THIS DUTY, YOU SHALL BE GUIDED BY THE CURRENT EDITIONS OF THE REFERENCES LISTED ABOVE.										
FUNDS TO BE OBLIGATED	AUTHORIZED YES/NO	AMOUNT	DIST	APPN. COPE	LIM. CODE	ALLOT. FUND	PRO ELEMENT	COST CENTER	OBJ. CLASS	
Estimated Fuel Cost	Yes	50.00	2/E	4 0 1 1 3 6	300		A B	7 3 5 0 0	2 6 3 7	
Estimated Subsistence Cost	Yes	8.00	2/P	4 0 1 2 9 9	120		1 2	7 3 5 0 0	2 5 9 6	
Estimated Auto/Trailing Cost	Yes	20.00	2/F	4 0 1 1 3 6	300		A B	7 3 5 0 0	2 5 9 6	
SIGNATURE OF ISSUING AUTHORITY Lt. A.B. Coast										
								DATE 10/01/93		
SECTION II—FACILITY AND CREW CERTIFICATION <small>(Read all instructions on the reverse side before signing the CREW and CLAIM Certifications.)</small>										
I HEREBY CERTIFY that Crew members will be Basically Qualified Auxiliarists, in proper uniform, the facility designated has a current operational decal and a current offer of use is on file.										
SIGNATURE J.J. Smith								DATE 10/01/93		
SECTION III—CLAIM FOR REIMBURSEMENT										
1. ITINERARY	DATE	TIME	LOCATION				TRAILED FACILITY INFORMATION ONLY			
Departed										
Arrived							PLACE OF DEPARTURE			
Commenced Patrol										
Terminated Patrol										
Returned							MILEAGE ROUND TRIP			
2. NAMES AND MEMBER NUMBER OF CREW MEMBERS										
Crew Member A				Crew Member D						
Crew Member B				Crew Member E						
Crew Member C				Crew Member F						
3. REIMBURSABLE EXPENSES	BAS RATE	FACILITY CAPTAIN	CREW MEMBERS						TOTAL	GRAND TOTAL
			A	B	C	D	E	F		
Fuel, Oil, Ice, etc.										
Trailering Costs										
Loss or Damage of Facility										
Breakfast										
Lunch										
Dinner										
CLAIM CERTIFICATION										
I HEREBY CERTIFY that the above claim is accurate, is for expenditure occasioned by the use of the Facility, listed above by myself and by the crew members listed in carrying out the duties specified by the ORDER. No previous payment for this patrol has been received.										
SIGNATURE									DATE	
SECTION IV—ENDORSEMENT BY ORDER ISSUING AUTHORITY										
1. THIS CLAIM IS FORWARDED: <input type="checkbox"/> Approved For Payment <input type="checkbox"/> Disapproved For Payment										
SIGNATURE									DATE	

PREVIOUS EDITIONS ARE OBSOLETE. SN 7530-01-GF2-5

Figure 12D-28 CG-5132, Coast Guard Auxiliary Patrol Order